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PTO/SB/122 (01-06)

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ApplicationAddress to:
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P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/720,067
Filing Date	11/25/2003
First Named Inventor	CHIKAROKU YAMASHITA
Art Unit	1723
Examiner Name	MENON, KRISHNAN S
Attorney Docket Number	

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City MINOOKA

State IL

Zip 60447

Country U.S.A.

Telephone 630-6991417

Email wenrong_sheu@yahoo.co.nz

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- ☒ Applicant/Inventor
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number _____
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

TAKEMORI Asamitsu

Typed or Printed
Name ASAMITSU TAKEMORI

Date 10/27/2006

Telephone

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Alexandria, VA 22313-1450

Application Number	10/720,067
Filing Date	11/25/2003
First Named Inventor	CHIKAROKU YAMASHITA
Art Unit	1723
Examiner Name	MENON, KRISHNAN S
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Signature

FURUSE Hisayochi

Typed or Printed
Name

HISAYOCHI FURUSE

Date 10/27/2006

Telephone

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PTO/SB/122 (01-06)

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P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/720,067
Filing Date	11/25/2003
First Named Inventor	CHIKAROKU YAMASHITA
Art Unit	1723
Examiner Name	MENON, KRISHNAN S
Attorney Docket Number	

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Signature

YAMASHITA CHIKAROKU

Typed or Printed
Name

CHIKAROKU YAMASHITA

Date 10/27/2006

Telephone

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PTO/SB/21 (09-08)

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**TRANSMITTAL
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4

Application Number

10/720,067

Filing Date

11/25/2003

First Named Inventor

CHIKAROKU YAMASHITA

Art Unit

1723

Examiner Name

MENON, KRISHNAN S

Attorney Docket Number

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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	YAMASHITA CHIKAROKU		
Printed name	CHIKAROKU YAMASHITA		
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